

## Dual Enrollment Application for High School Students Presentation College

**Courses:** Please list the courses you want to take at Presentation College. Please copy all information from the course listing accurately.

Semester <small>(e.g. Fall 2020)</small>	Department Code <small>(e.g., BI, CT...)</small>	Course Number <small>(e.g., 153, 233...)</small>	Section Number <small>(e.g., S1-1)</small>	Course Title <small>(e.g., General Biology I)</small>	Day/Time or Online

### Contact Information

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, ZIP: \_\_\_\_\_

Primary Telephone: \_\_\_\_\_ Opt in for voice and text messages: Yes / No

Parental Telephone: \_\_\_\_\_ Opt in for voice and text messages: Yes / No

By circling "Yes" on one or both of the above numbers, I understand I will receive future calls that deliver prerecorded messages by or on behalf of Presentation College; and (2) having received this information, agree unambiguously to receive such calls at a telephone number I designate. As an example, to receive future updates and promotional text messages to this number on behalf of Presentation College. Message and data rates may apply to each text message sent or received as provided in your wireless service rate plan.

Expected high school graduation date: \_\_\_\_\_ Gender: \_\_\_\_\_

*Student: I agree to attend the above listed courses regularly and to abide by all policies of Presentation College while enrolled in PC courses. I grant Presentation College permission to share all educational records pertaining to my participation in PC courses with the undersigned parent(s) and officials at my high school.*

\_\_\_\_\_  
*Student signature*

\_\_\_\_\_  
*Date*

*Parental consent: I consent to my child's dual-enrollment at Presentation College for the above-listed courses and will assume financial responsibility for any tuition, fees, and other course-related expenses.*

\_\_\_\_\_  
*Parent 1 signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent 2 signature*

\_\_\_\_\_  
*Date*

*High School Consent: The above student has our school's permission to take courses at Presentation College for dual credit.*

\_\_\_\_\_  
*Guidance counselor signature*

\_\_\_\_\_  
*School*

\_\_\_\_\_  
*School phone*

\_\_\_\_\_  
*Date*

**Return this form to the Registrar's Office, Presentation College:**

[Registrar.Office@presentation.edu](mailto:Registrar.Office@presentation.edu)

1500 N Main St, Aberdeen, SD 57401

Questions? Call the Registrar: 605-229-8424